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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2436485

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
10 | 10 | 2024 | 16:59 Hrs.

#1	Crime Incident(s) Missing Person	<input type="checkbox"/> Att	At Found	Month Day Yr Time	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> S
		<input checked="" type="checkbox"/> Com	10	10	2024	16:59					

Last Known Secure
 Month Day Yr Time
10 | 10 | 2024 | 16:58 Hrs.

#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident							<input type="checkbox"/> Offense Tract
		<input type="checkbox"/> Com	301 Medical Center Bv, Winston-salem NC 27157							312

#3	Crime Incident	<input type="checkbox"/> Att	Premise Type							<input type="checkbox"/> Victim Residence Type
		<input type="checkbox"/> Com								<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

V # of Victims **1**

Type Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown
 No N/A

V I C T I M
 Victim/Business Name (Last, First, Middle)
DATA OMITTED

Victim of Crime # **1,** DOB / Age **76** Race **W** Sex **M** Relationship To Offender **IRU** Resident Status
 Resident Non-Resident Unknown

Home Address **DATA OMITTED** Home Phone

Employer Name/Address **DATA OMITTED** Business Phone

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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DATA OMITTED

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
 (Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
								DATA OMITTED
								FOR
								INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen **0** Number Vehicles Recovered **0**

ID Officer **SOJKA, D. A. (15535)** ID# Officer Signature Supervisor Signature **REYNOLDS, S. A. (15618)**

Complainant Signature

Status Case Status
 Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition:
 Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency
 Death of Offender Prosecution Declined